



City of Seattle
Department of Design,
Construction and Land Use

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.cityofseattle.net/dclu Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION



Work Site Address: _____ Zip: _____

Work Activity Location: _____ Apt/ Suite: _____

Occupancy: ☐ Single Family/Duplex ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: _____

WORK SITE OWNER / TENANT INFORMATION	APPLICANT INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Owner will perform work authorized under this permit Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____	Applicant is: <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer State License # _____ Contractor Company Name: _____ Contact Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____

☐ **ELECTRICAL PLAN REVIEW** (2 sets of plans required)

☐ **ADVANCE PLAN EXAMINATION**

A Washington State registered architect or engineer may request an advance plan examination of electrical plans when the electrical contractor has not yet been selected. Advance Plan Examinations require submission of application with 2 sets of required plans and payment of 50% of the estimated permit fee.

Declared Value of Work:

\$ _____

Fee based on Electrical Construction Value:

Include labor and materials whether or not furnished by installer and fixtures, furnishings and equipment provided by the owner

☐ **FIRE ALARM PLAN REVIEW** (3 sets of plans required)

Fire Alarm Plan Review is required for the installation of all new fire alarm systems and for the addition, replacement or relocation of 7 or more devices for an existing fire alarm system.

SECONDARY CONTRACTOR INFORMATION:

State License # _____
 Contractor Company Name: _____
 Contact Name: _____
 Phone: _____ Fax: _____
 Address: _____
 City/State: _____ Zip: _____

Number of Control Units _____

Number of Devices _____



The Revised Code of Washington (R.C.W.19.28) & the City of Seattle Electrical Code requires all individuals or entities (other than the property owner) engaged in the business of the installation of electrical wiring to have a valid WA State Electrical Contractors license.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____
 Contractor or Owner (or authorized agent)

Date of Application: _____

PAYMENT INSTRUCTIONS:

Mail checks to:

- ☐ Cash ☐ Check DCLU, P.O. Box 34234, Seattle, WA 98124-1234
☐ Charge my escrow (ADA) account # _____
☐ Call me at () _____ so I can charge to a credit card.

DCLU USE ONLY:

Permit #: _____

Permit Fee: _____